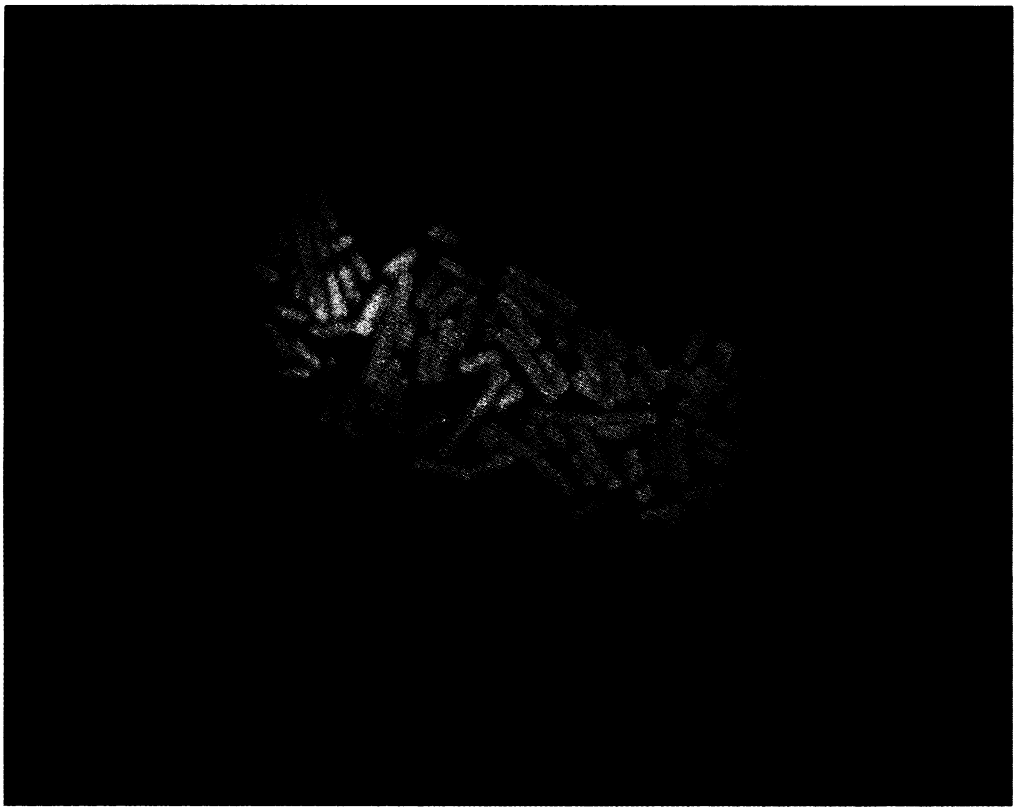
BASIC PROBLEM



Acute nonobstructed cystitis

E. coli, shown in the artist's conception, are the gram-negative rods responsible for most infections of the urinary tract, particularly acute nonobstructed cystitis. Serological studies show that E. coli isolated from urine during infection are almost always the same serotypes as those found in the intestinal tract, where they are usually nonpathogenic.

BASIC THERAPY

Effective Gantanol offers clinical efficacy so basic you can start cystitis therapy before culture results are available. In a clinical study of 406 patients on Gantanol, close to 9 out of 10 achieved negative urine cultures. (Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.)

Convenient Many studies have shown that the simpler the dosage regimen, the greater the patient compliance. Gantanol provides the convenience of simple B.I.D. dosage—and now double strength Gantanol DS gives your patients the added convenience of taking only one tablet B.I.D.

Economical The basic economy of Gantanol therapy has been increased even further with Gantanol DS, the double strength dosage form.

Now even more convenient and economical

Gantanol® DS Double Strength Tablets

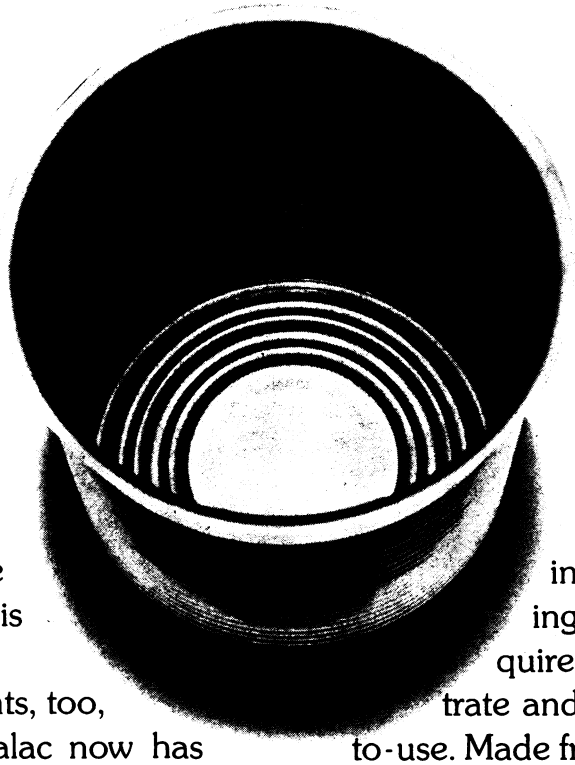
sulfamethoxazole/Roche

ROCHE

Only 1 tablet B.I.D.

Please see following page for a summary of product information.

NOW a two-piece 14oz. can for Soyalac



A two-piece can means no soldered seam. No solder means no possibility of lead contamination from the container. Soyalac is the first infant formula with this packaging innovation.

There are improvements, too, in the formulation. Soyalac now has 25% more iron than known competitive hypoallergenic milk-free formulae. In fact, the entire formula has been slightly modified to reflect the current U.S. RDA levels set by the Food and Drug Administration.

Soyalac—formula for infants on regular feeding and for those who require milk-free diets; concentrate and single strength, ready-to-use. Made from the whole soybean. I-Soyalac concentrate, made from soy isolate, with no soy carbohydrates and **no corn products.**

For detailed information and samples call or write:

Western U.S.
LOMA LINDA FOODS
11503 Pierce Street
Riverside, CA 92515
(714) 785-2444

Eastern U.S.
LOMA LINDA FOODS
13246 Wooster Road
Mount Vernon, OH 43050
(614) 397-7077

Loma Linda®

BRETHINE®
terbutaline sulfate

A second wind for asthmatics

Prescribing information is summarized on the back of this page.

BRETHINE®
terbutaline sulfate

Geigy

It could mean a more active life for patients with reversible obstructive airways disease.

More effective
Brethine was more effective and longer acting than metaproterenol in a study of five patients with exercise-induced asthma.

Brethine has been shown to be highly effective alone and in combination with theophylline.

And Brethine has been shown to be twice as effective as ephedrine.

Long acting
Effect may last from 6 to 8 hours. One tablet at bedtime, upon arising and at midafternoon should keep patients breathing comfortably.

Minimal cardiac effect
Brethine produces proportionally greater changes in pulmonary function than in heart rate or blood pressure.

Tablets of 2.5 mg and 5 mg.
Some patients may experience mild hand tremor or "shakiness" when Brethine therapy is initiated. This may be minimized by starting patients with 2.5 mg doses.

Brethine®, brand of terbutaline sulfate, Tablets 5 mg., Tablets 2.5 mg. *Before prescribing or administering, please consult complete product information, a summary of which follows:*

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: *Usage in Pregnancy:* The safety of the use of Brethine, brand of terbutaline sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential requires that the expected therapeutic benefit of the drug be weighed against its possible hazards to the mother or child.

Usage in Pediatrics: Brethine, brand of terbutaline sulfate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, and hyperthyroidism. As with other sympathomimetic bronchodilator agents, Brethine, brand of terbutaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmias. Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is not recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronic oral Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effects include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, and sweating. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observed are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100; oval, scored, white tablets of 2.5 mg. in bottles of 100.

(B) 98-146-060-E (Rev. 4/76)667004 C76-12

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

Brethine: alone or with theophylline, a second wind for asthmatics.

Everybody talks about rising prescription costs. PUREPAC is doing something about them.

Up to 30% of prescriptions are not filled because of their high cost.

Many of these unfilled prescriptions are for elderly patients on limited budgets who require several medications. And most of their prescriptions require constant refills.

What can be done? When you write your next prescription, specify a Purepac generic.

Purepac is readily available, and can keep your patient's prescription costs down as much as 77.3%.

Purepac has completed bio-availability studies wherever required.

See how much your patients can save with Purepac generics:

Up To 77.3% Savings For Your Patient

QUANTITY	BRAND NAME	PRICE*	PUREPAC GENERIC	PRICE*	SAVINGS
30	Polycillin	$8.70	Ampicillin	**$2.40**	**$6.30**
100	Equanil C IV	9.70	Meprobamate C IV	**2.20**	**7.50**
100	Darvon Comp. C IV	7.83	Propoxyphene HCl C IV	**4.63**	**3.20**
100	Pavabid	11.73	Papaverine HCl T.R.	**4.33**	**7.40**
100	Thorazine	6.03	Chlorpromazine HCl	**3.23**	**2.80**
100	Librium C IV	9.50	Chlordiazepoxide HCl C IV	**4.60**	**4.90**

*Prices selected from newspaper ads.

The savings add up! So, when you prescribe generics, specify Purepac, the largest generic manufacturer in America.

Bio-availability data and generic reference chart are yours upon request.

PUREPAC
Elizabeth, NJ 07207
AMERICA'S LEADING NATIONAL BRAND OF GENERICS

When choosing a diuretic for day-in-day-out hypertension control with comfortable compliance...

The agent you choose in mild to moderate essential hypertension should offer (1) long-term effectiveness, (2) patient comfort, and (3) compliance.

Zaroxolyn offers all three.

Effectiveness: In several long-term studies[1,2,3] Zaroxolyn brought moderately elevated blood pressure (average 167/113 mm Hg) down to the range of normotension—and held it there for up to four years.

Comfort-in-use: One investigator noted, "Patient cooperation was surprisingly good for a study of such duration. The once-daily schedule with metolazone (Zaroxolyn) no doubt contributed to patient compliance."

Overall compliance with Zaroxolyn is good—very good. An analysis of controlled clinical studies involving 188 Zaroxolyn patients showed that only eight discontinued therapy because of side effects. That's a discontinuation rate of only 4.3%, and broader clinical experience appears to substantiate this low rate.[3]

Long-acting

Zaroxolyn®

(metolazone) Pennwalt

2½ mg, 5 mg and 10 mg tablets

once-daily antihypertensive diuretic

Recommended initial dosage in mild to moderate essential hypertension–2½ to 5 mg once daily

Before prescribing, see complete prescribing information in the package insert, or in PDR, or available from your Pennwalt representative. The following is a brief summary. **Indications:** Zaroxolyn (metolazone) is an antihypertensive diuretic indicated for the management of mild to moderate essential hypertension as sole therapeutic agent and in the more severe forms of hypertension in conjunction with other antihypertensive agents. Also, edema associated with heart failure and renal disease. **Contraindications:** Anuria, hepatic coma or precoma; allergy or hypersensitivity to Zaroxolyn. Or, as a routine in otherwise healthy pregnant women. **Warnings:** In theory cross-allergy may occur in patients allergic to sulfonamide-derived drugs, thiazides or quinethazone. Hypokalemia may occur, and is a particular hazard in digitalized patients; dangerous or fatal arrhythmias may occur. Azotemia and hyperuricemia may be noted or precipitated. Considerable potentiation may occur when given concurrently with furosemide. When used concurrently with other antihypertensives, the dosage of the other agents should be reduced. Use with potassium-sparing diuretics may cause potassium retention and hyperkalemia. Administration to women of childbearing age requires that potential benefits be weighed against possible hazards to the fetus. Zaroxolyn appears in the breast milk. Not for pediatric use. **Precautions:** Perform periodic examination of serum electrolytes, BUN, uric acid, and glucose. Observe patients for signs of fluid or electrolyte imbalance. These determinations are particularly important when there is excessive vomiting or diarrhea, or when parenteral fluids are administered. Patients treated with diuretics or corticosteroids are susceptible to potassium depletion. Caution should be observed when administering to patients with gout or hyperuricemia or those with severely impaired renal function. Hyperglycemia and glycosuria may occur in latent diabetes. Chloride deficit and hypochloremic alkalosis may occur. Orthostatic hypotension may occur. Dilutional hyponatremia may occur in edematous patients in hot weather. **Adverse Reactions:** Constipation, nausea, vomiting, anorexia, diarrhea, bloating, epigastric distress, intrahepatic cholestatic jaundice, hepatitis, syncope, dizziness, drowsiness, vertigo, headache, orthostatic hypotension, excessive volume depletion, hemoconcentration, venous thrombosis, palpitation, chest pain, leukopenia, urticaria, other skin rashes, dryness of mouth, hypokalemia, hyponatremia, hypochloremia, hypochloremic alkalosis, hyperuricemia, hyperglycemia, glycosuria, raised BUN or creatinine, fatigue, muscle cramps or spasm, weakness, restlessness, chills, and acute gouty attacks. **Usual Initial Once-Daily Dosages:** mild to moderate essential hypertension—2½ to 5 mg; edema of cardiac failure—5 to 10 mg; edema of renal disease—5 to 20 mg. Dosage adjustment may be necessary during the course of therapy. **How Supplied:** Tablets, 2½, 5 and 10 mg.

References:

1. Dornfeld L, Kane R: Metolazone in essential hypertension: The long-term clinical efficacy of a new diuretic. *Curr Ther Res* **18**:527-533, 1975.
2. Cangiano JL: Effects of prolonged administration of metolazone in the treatment of essential hypertension. *Curr Ther Res* **20**:745-750, 1976.
3. Data on file: Medical Department, Pennwalt Prescription Products.

PENNWALT

Pennwalt Prescription Products
Pharmaceutical Division
Pennwalt Corporation
Rochester, New York 14603

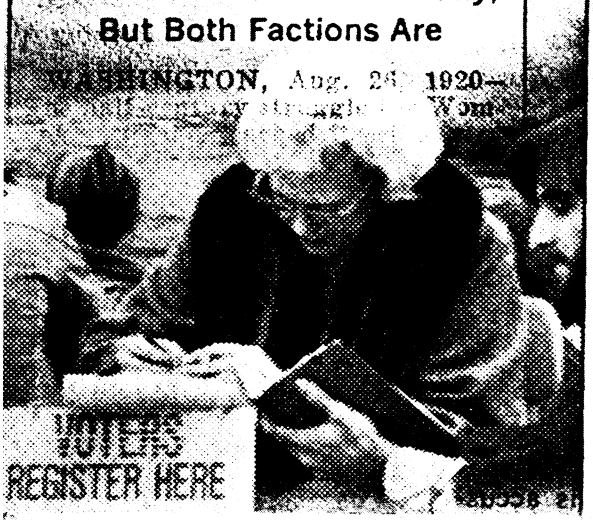
COLBY PROCLAIMS WOMAN SUFFRAGE

Signs Certificate of Ratification at His Home Without Women Witnesses.

MILITANTS VEXED AT PRIVACY.

Wanted Movies of Ceremony, But Both Factions Are

WASHINGTON, Aug. 26 1920—



Social Security Bill Is Signed; Gives Pensions to Aged, Jobl

Roosevelt Approves Message Intended to Benefit 30,000 Persons When States Adopt Cooperating Laws–He C the Measure 'Cornerstone' of His Economic Program

WASHINGTON, Aug. 14, The Social Security Bill, pro a broad program of unemplo insurance and old age pen and counted upon to benefit 20,000,000 persons, became l day when it was signed by dent Roosevelt in the prese those chiefly responsible fo ting it through s.

Mr. Roosevelt cal me "the cornerstone whi[illegible] eing [illegible] t me[illegible]

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution is Sent to House, Where Passage is Expected

WASHINGTON, March 10, 1971—The Senate approved today, 94 to 0, and sen[illegible]

TRUMAN CLOSES TED NATIONS CONFEREN WITH PLEA TO TRANSLATE CHARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great Instrument of Peace,' Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing Ovation as Executive Pictures Peace Gain

"If we fail to use it," he declared to the solemn final meeting of the delegates, 'we shall betray all of those who have died in order that we might meet here in freedom and safety to create it.'

"If we seek to use it selfishly—for the advantage of any one nation or any small group of nations—we shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the auditorium of the War Memorial Opera House, built in memory of sons of the Golden Gate city who gave their lives in the first World War, in which he himself served, seemed to give unconscious expression to the solemn feeling of the occasion when, at the outset of his speech, he interpolated the words, half a hope, half a prayer:

"Oh, what a great day this can be in history!"

Just before the plenary session the President accompanied the [illegible]

UL IGN the Draf Ends No

WASHINGTON, Jan. 27, 1973—"With the signing of the peace agreement in Paris today, and after receiving a report from the Secretary of the Army that he foresees no need for

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy —and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

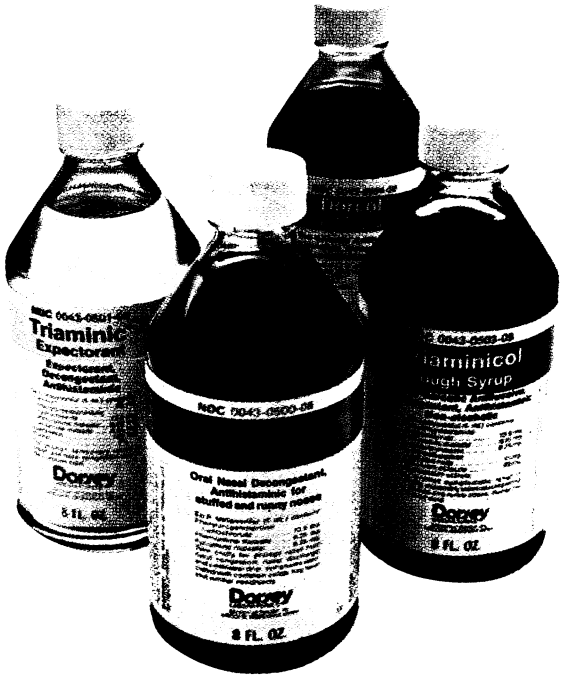
These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA
THE PHARMACEUTICAL MANUFACTURERS ASSOCIATION
1155 FIFTEENTH ST., N. W., WASHINGTON, D. C. 20005



Answer calls from worried mothers with The Recommendables™

- **TRIAMINIC® SYRUP:** "The Orange Medicine" for stuffed and runny noses. Nonalcoholic.
- **TRIAMINIC® EXPECTORANT:** For unproductive coughs and stuffed, runny noses.
- **TRIAMINICOL® COUGH SYRUP:** For coughs requiring an antitussive and for relief of stuffed, runny noses. Nonnarcotic; nonalcoholic.
- **DORCOL® PEDIATRIC COUGH SYRUP:** Full-teaspoon pediatric dosage for cough and nasal congestion, without narcotics or antihistamines.

The Recommendables™ line does not contain FD&C yellow #5 (tartrazine dye).

No Rx needed—economical for mother; timesaving for you.

Dorsey LABORATORIES
Division of Sandoz, Inc. • LINCOLN, NEBRASKA 68501

OL-YC

1. Determine need

What is causing pain? How is it perceived by you and your patient?

2. Prescribe a rapid-acting agent

Select a readily-absorbed oral agent that usually acts within 15 to 30 minutes.

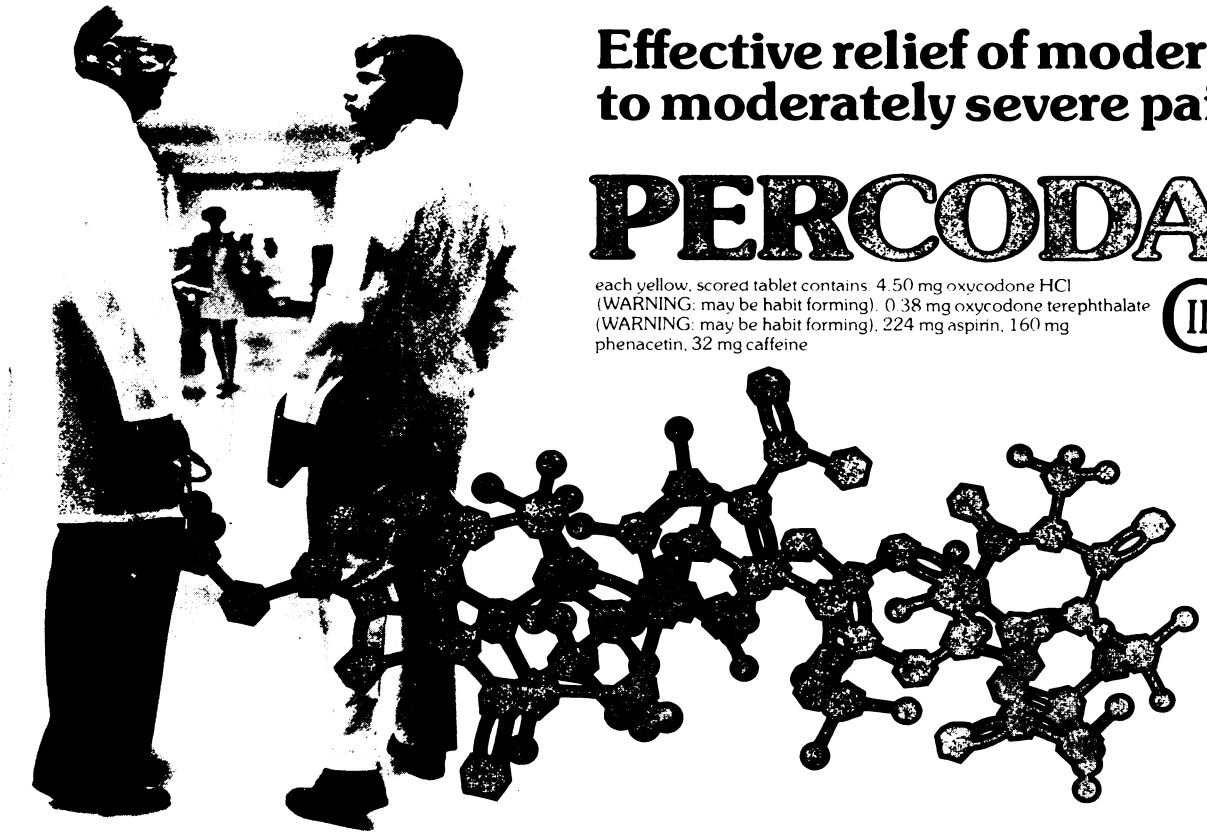
3. Minimize potential risk

Prescribe in limited quantities for selected patients.

Schedule II classification means no refills, no telephone Rx. Patients with persistent pain must return for your evaluation of analgesic needs.

4. Provide adequate analgesia with minimum doses

Consider PERCODAN® because patients rarely ask for increased dosage. PERCODAN® relief can last up to six hours–until time for next tablet.



Effective relief of moderate to moderately severe pain

Tablets

PERCODAN®

each yellow, scored tablet contains 4.50 mg oxycodone HCl (WARNING: may be habit forming), 0.38 mg oxycodone terephthalate (WARNING: may be habit forming), 224 mg aspirin, 160 mg phenacetin, 32 mg caffeine

CII

PERCODAN® is a registered trademark of Endo Inc.

Please see facing page for Brief Summary of prescribing information.

"Kid, this stuff is the bananas."

Experts agree: when it comes to good-tasting banana flavor—without the unpleasant taste of paregoric—the makers of Donnagel®-PG really know their stuff!

For diarrhea

Donnagel-PG ℞

Donnagel with paregoric equivalent

Each 30 cc. contains:	
Kaolin	6.0 g.
Pectin	142.8 mg.
Hyoscyamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Powdered opium, USP (equivalent to paregoric 6 ml) (warning: may be habit forming)	24.0 mg.
Sodium benzoate (preservative)	60.0 mg.

Alcohol, 5%

Now with child-proof closure

A·H·ROBINS

A. H. Robins Company
Richmond, Virginia 23220

CLEAR THE
NDC 0031 8680 25
A.H. ROBINS
Robitussin DM
EXPECTORANT
16 FL OZ (1PT.)
THIS PACKAGE INTENDED FOR
REPACKAGING BY PHARMACIST

A·H·ROBINS

INTRODUCING...

NEW ROBITUSSIN®-DAC

for the difficult cough complicated by nasal congestion

*To help clear the lower respiratory tract—the most recommended single expectorant in the U.S.**

Guaifenesin, NF . . . . . 100 mg/5 ml

- Enhances output of less viscid secretions to aid in the removal of inspissated mucus.
- Relieves irritated membranes in respiratory passageways by preventing dryness through increased mucus flow.
- Makes dry, unproductive coughs more productive and less frequent.

For cough suppression...the drug of choice†—

Codeine Phosphate, USP . . . . . 10 mg/5 ml

(Warning: May be habit forming.)

- Reduces severity, frequency and patient awareness of cough.
- Promotes patient comfort.
- Low drug dependence and little risk of side effects in recommended dosage.

For accompanying nasal congestion—

Pseudoephedrine HCl, NF . . . . . 30 mg/5 ml

- An orally effective nasal/sinus decongestant.
- Relieves congestion, reduces edema, promotes drainage.
- 60 mg pseudoephedrine in a 2-teaspoonful adult dose.

Available in pints only. You prescribe the quantity dispensed.

References:
*National Disease & Therapeutic Index, Jan.-Dec., 1976. IMS America Ltd., Ambler, Pa. 1976.
†Amer. Med. Assn., Dept. of Drugs. A.M.A. Drug Evaluations, 2nd Edition. Publishing Sciences Group, Inc., Acton, Mass., 1973, pp. 482-3.

Robitussin®-DAC—Each 5 ml (1 teaspoonful) contains: Guaifenesin, NF 100 mg; Pseudoephedrine Hydrochloride, NF 30 mg; Codeine Phosphate, USP 10 mg (Warning: May be habit forming) in a palatable, aromatic syrup. Alcohol, 1.4 per cent. INDICATIONS: For the temporary relief of cough and nasal congestion as may occur with the common cold or with inhaled irritants. CONTRAINDICATIONS: Hypersensitivity to any of the ingredients. marked hypertension, hyperthyroidism, or in patients who are receiving MAO inhibitors or antihypertensive medication WARNINGS: Use this product with caution in children under 2 years or in children taking another drug. Prescribe cautiously for patients with persistent or chronic cough such as comes with smoking, asthma, emphysema, or where cough is accompanied by excessive secretions. Caution should be taken in administering this drug to patients with high blood pressure, heart disease or diabetes. In patients with chronic pulmonary disease or shortness of breath, this product should be administered with caution. As with all products containing sympathomimetic amines, use with caution in patients with prostatic hypertrophy or glaucoma. Do not exceed recommended dosage because at higher doses nervousness, dizziness or sleeplessness may occur. May cause or aggravate constipation. NOTE: Guaifenesin has been shown to produce a color interference with certain clinical laboratory determinations of 5-hydroxyindoleacetic acid (5-HIAA) and vanillylmandelic acid (VMA). ADVERSE REACTIONS: Agitation, dizziness, insomnia, palpitations or nausea may occur. In such instances, reduction in frequency and/or quantity of dose is indicated. RECOMMENDED DOSAGE: Adults—1 or 2 teaspoonfuls every four hours, not to exceed 12 teaspoonfuls in a 24-hour period. children 6 to under 12 years, 1 teaspoonful every four hours, not to exceed 6 teaspoonfuls in a 24-hour period. children 2 to under 6 years, 1/2 teaspoonful every four hours, not to exceed 3 teaspoonfuls in a 24-hour period. ALSO AVAILABLE: Robitussin® Robitussin A-C® Robitussin with codeine, Robitussin® Robitussin CF® Robitussin with phenylpropanolamine and dextromethorphan. Robitussin-DM® Robitussin with dextromethorphan. Cough Calmers® lozenges (Robitussin-DM in solid form) Robitussin-PE® Robitussin with pseudoephedrine. A. H. Robins Co., Richmond, Va. 23220.

FREE OFFER—For a 1978 calendar featuring a poster-size, full-color reproduction of this photo of Southern Railway Engine No. 630, write **"Robitussin-DAC"** on your Rx pad and mail to: Train Offer, A. H. Robins Company, 1407 Sherwood Avenue, Richmond, VA 23220.

DOCTOR:

is your Medical Assistant keeping in step with you?

As medical practice becomes more complicated and more highly specialized, you need more highly trained medical assistants in your office.

Membership in the AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS will help your assistants keep up-to-date and informed of new ideas and techniques. AAMA s continuing education program offers workshops and seminars that will enhance the professionalism of your office employees.

As the first professional organization for medical assistants (founded 1956), AAMA pioneered in developing the only certification program in this field. A medical assistant who successfully completes the basic examination is identified as a Certified Medical Assistant (CMA). Specialty categories include administrative (CMA-A), clinical (CMA-C), and pediatric (CMA-Ped). More than 7,500 certificates have been earned since the first examination was given in 1963.

The AAMA pioneered in the development of curriculum standards for medical assisting programs. The American Medical Association, in collaboration with AAMA, is recognized as an official accrediting agency for such programs by the U.S. Office of Education.

On five different occasions the AMA House of Delegates has passed resolutions commending the objectives of AAMA, endorsing its functions, and urging every physician to encourage medical assistants to join the association in order to benefit from its educational programs.

To help your medical assistants do a better job of helping *you*, urge them to join AAMA—the professional association dedicated to their continuing education. Fill in the attached coupon and mail it today. Your practice deserves the best.

I wish to inquire about membership for my medical assistant in the American Association of Medical Assistants, Inc. Please send more information to:

Name_____

Business Address _____ Phone _____

City _____ State _____ Zip Code _____

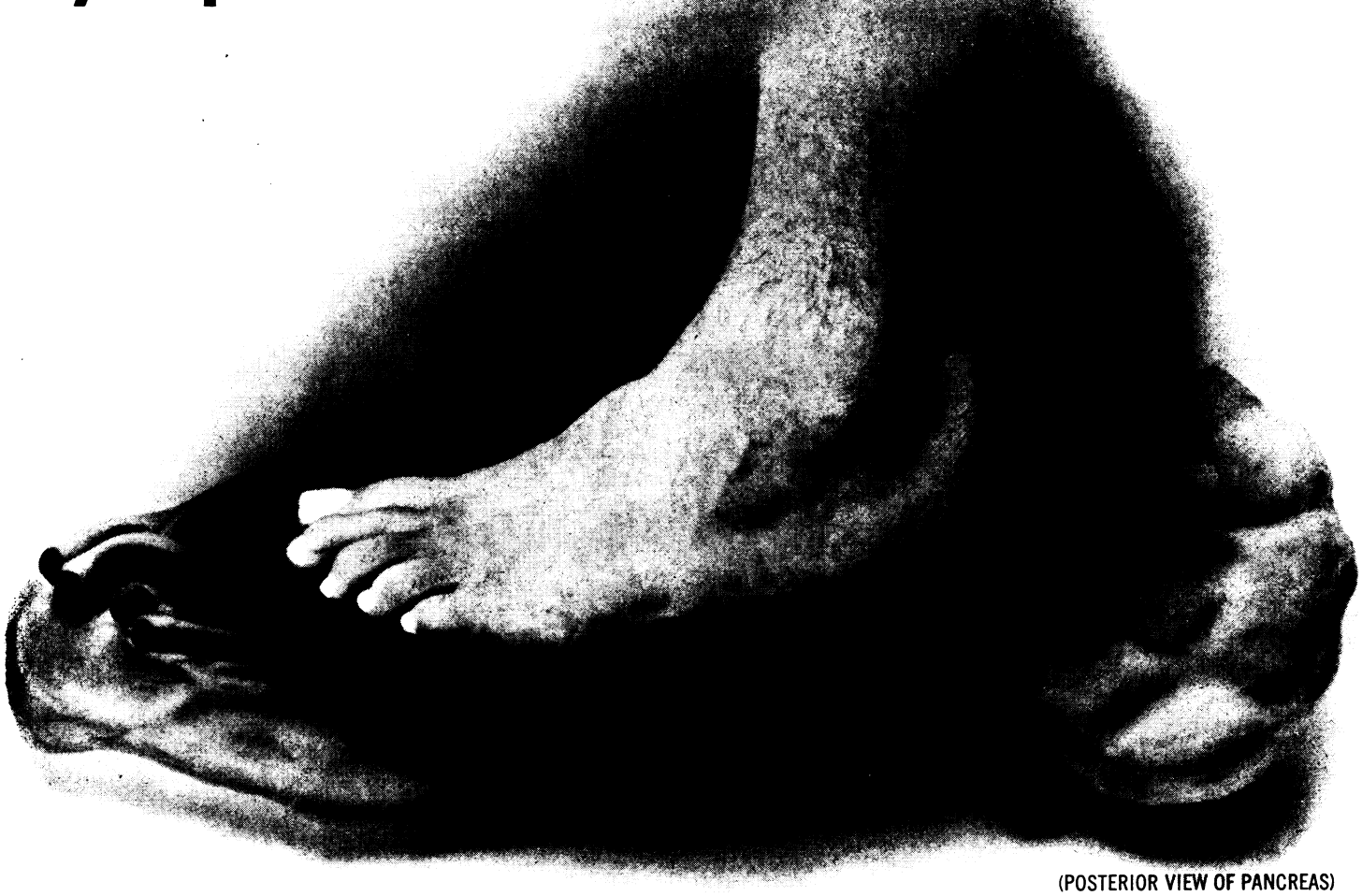
Member of county medical society? Yes _____ No _____

County _____

Names of assistants	Addresses
_____	_____
_____	_____
_____	_____

Clip and mail to: American Association of Medical Assistants, Inc., One East Wacker Drive, Chicago, Illinois 60601.

consider the effect on coexisting diabetes when you prescribe a vasodilator*



(POSTERIOR VIEW OF PANCREAS)

no interference in the management of the diabetic patient has been reported with

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator TABLETS, 20 mg.

***Indications:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.
Vasodilan injection, isoxsuprine HCl, 5 mg., per ml.

Dosage and Administration: Oral: 10 to 20 mg., three or four times daily.
Intramuscular: 5 to 10 mg.(1 or 2 ml.) two or three times daily. Intramuscular administration may be used initially in severe or acute conditions.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Parenteral administration is not recommended in the presence of hypotension or tachycardia.

Intravenous administration should not be given because of increased likelihood of side effects.

Adverse Reactions: On rare occasions oral administration of the drug has been associated in time with the occurrence of hypotension, tachycardia, nausea, vomiting, dizziness, abdominal distress, and severe rash. If rash appears the drug should be discontinued.

Although available evidence suggests a temporal association of these reactions with isoxsuprine, a causal relationship can be neither confirmed nor refuted.

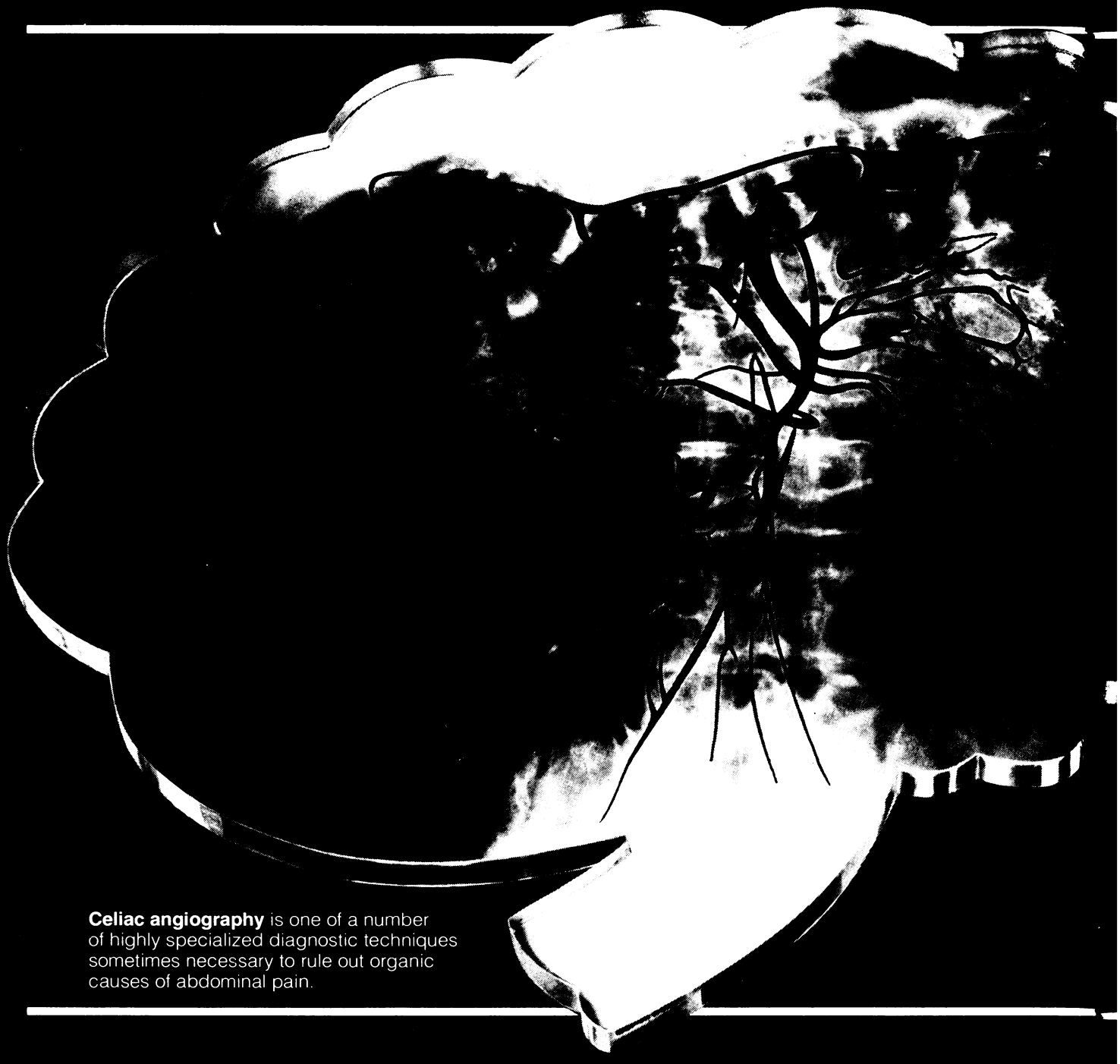
Administration of single dose of 10 mg. intramuscularly may result in hypotension and tachycardia. These symptoms are more pronounced in higher doses. For these reasons single intramuscular doses exceeding 10 mg. are not recommended. Repeated administration of 5 to 10 mg. intramuscularly at suitable intervals may be employed.

Supplied: Tablets, 10 mg., bottles of 100, 1000, 5000 and Unit Dose; Tablets, 20 mg., bottles of 100, 500, 1000, 5000 and Unit Dose; Injection, 10 mg. per 2 ml. ampul, box of six 2 ml. ampuls.

U.S. Pat. No. 3,056,836

Mead Johnson LABORATORIES

THE LOWER G.I. TRACT: ORGANICALLY SOUND



Celiac angiography is one of a number of highly specialized diagnostic techniques sometimes necessary to rule out organic causes of abdominal pain.

...BUT OVERSENSITIVE TO EMOTIONAL STRESS

IN IRRITABLE BOWEL SYNDROME* LIBRAX PROVIDES DISTINCTIVE ADVANTAGES

- the specific antianxiety action of Librium®(chlordiazepoxide HCl)
- the potent antispasmodic action of Quarzan®(clidinium Br)

Adjunctive/Dual-Action

LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

A clear treatment advantage for patients with irritable bowel syndrome

ROCHE

*This drug has been evaluated as possibly effective for this indication.
Please see following page for brief summary of prescribing information.

A CLEAR TREATMENT ADVANTAGE FOR PATIENTS WITH IRRITABLE BOWEL SYNDROME*

Adjunctive/Dual-Action LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ONLY LIBRAX PROVIDES THE SPECIFIC ANTIANXIETY ACTION OF LIBRIUM® (chlordiazepoxide HCl) PLUS THE POTENT ANTISPASMODIC ACTION OF QUARZAN® (clidinium Br)

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

***Usage in Pregnancy:* Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.,* excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.,* dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax is available in green capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

EFFECTIVE APPETITE DEPRESSANT with predictable pharmacological action

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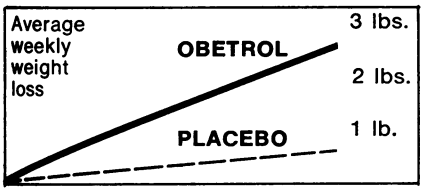
Single entity amphetamine product. Each OBETROL-10 (10 mg. tablet) contains: dextroamphetamine saccharate 2.5 mg., amphetamine aspartate 2.5 mg., dextroamphetamine sulfate 2.5 mg., amphetamine sulfate 2.5 mg. OBETROL-20 (20 mg. tablets) contain twice this potency.

Average weight loss of 2.15 lbs per week compared in clinical studies against a placebo.

CONTROLLED STUDY —
72 CASES 4 WEEKS' RESULTS



Obetrol eases the discomfort of adherence to a restricted diet in individuals who are well motivated to reduce their food intake.

Clinical studies disclose amphetamines to be the most dependable drug in a weight-reduction regimen compared to other anorexigenic agents.

Amphetamines have a significant potential for abuse. In view of their limited short-term anorectic effect and rapid development of tolerance, they should be used with extreme caution and only for limited periods of time in weight reduction programs.

Actions: Amphetamines are sympathomimetic amines with CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action. The anorectic effect diminishes after a few weeks.

Indications: Exogenous obesity, as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. For patients in whom obesity is refractory to other measures.

Contraindications: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncracy to the sympathomimetic amines. • Agitated states. • Patients with a history of drug abuse. • During or within 14 days following the administration of monoamine oxidase inhibitors, hypertensive crises may result.

Warnings: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect, rather, the drug should be discontinued. Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Precautions: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension. Insulin requirements in diabetes mellitus may be altered in association with the use of amphetamines and the concomitant dietary regimen. Amphetamines may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

Adverse Reactions: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. Central nervous system: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, diarrhea, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects when amphetamines are used for other than the anorectic effect. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

Dosage and Administration: Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. Narcolepsy: Usual dose 5 to 60 milligrams per day in divided doses.
2. Minimal brain dysfunction:
   a. Not recommended for children under 3 years of age.
   b. Children from 3 to 5 years of age: 2.5 milligrams daily, raised in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.
   c. Children 6 years of age and older, 5 milligrams, once or twice daily, increased in increments of 5 milligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.
3. Obesity: Usual adult dose 5 to 30 milligrams per day in divided doses.

Overdosage: Manifestations of acute overdosage with amphetamines include restlessness, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

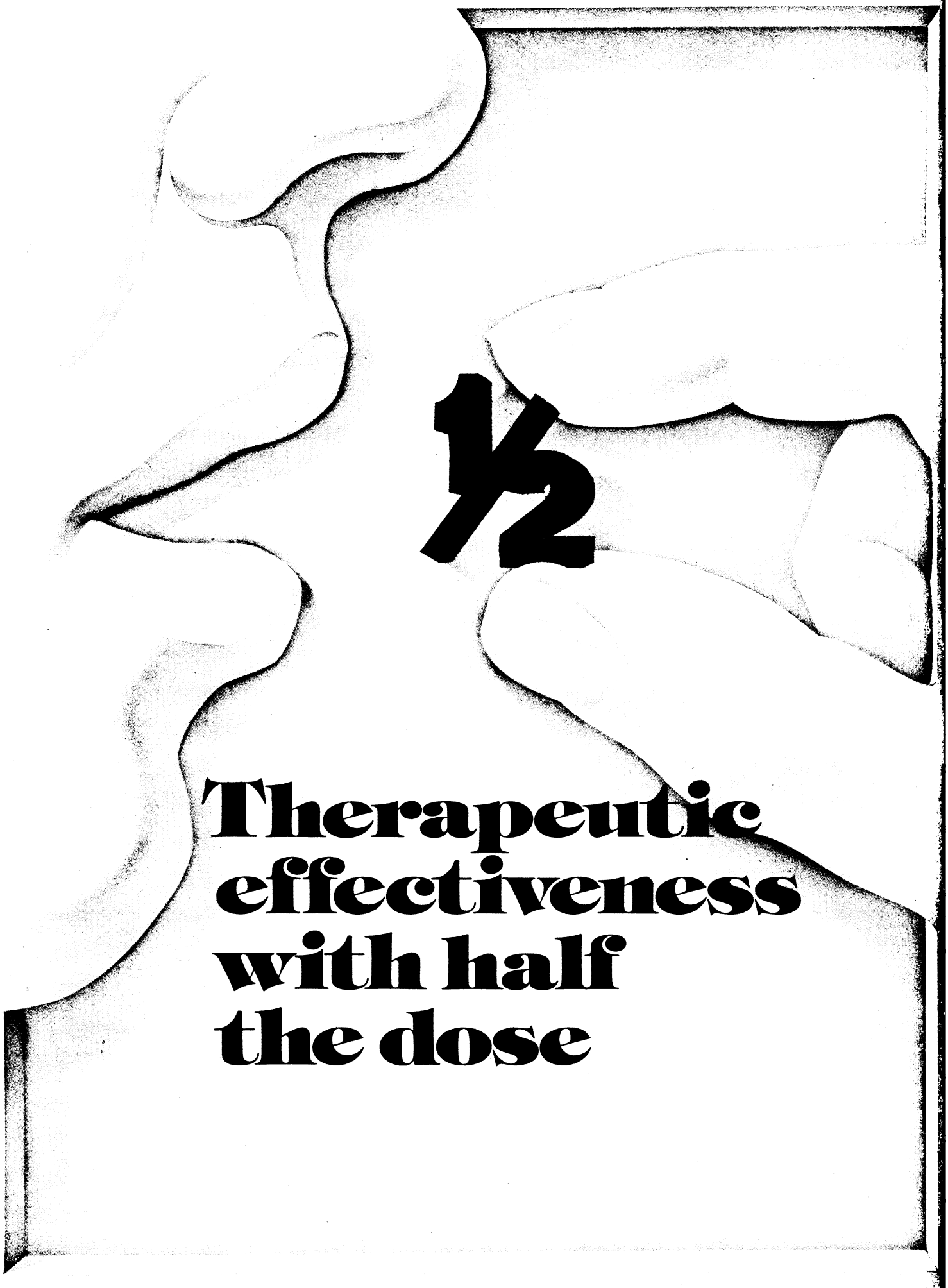
Availability: Supplied in bottles of 100; 500 and 1,000 tablets.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

January 1973

Comprehensive informational brochure available upon written request. Prescribe Obetrol for appetite control.

OBETROL Pharmaceuticals Division/Rexar Pharmacal Corp.
Valley Stream, New York 11582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effectiveness
with half
the dose

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Once-a-day dosage DD

Fulvicin® P/G*

brand of griseofulvin [ultramicrosize], USP

(specially processed) **125 mg. tablets**

*"P/G" means a new polyethylene glycol system for enhanced absorption –

A 250 mg. daily dose (two 125 mg. tablets) of new FULVICIN P/G can replace 500 mg. of griseofulvin (microsize), USP. This is made possible by a special process in which the ultramicrosize griseofulvin crystals are partly dissolved in polyethylene glycol and dispersed through the tablet matrix for enhanced absorption.

Patient convenience –

FULVICIN P/G can be prescribed as two 125 mg. tablets once a day. Compliance is further assured by the easy-to-swallow size of the tablets.

Patient savings –

FULVICIN P/G is up to 35 per cent less expensive per dose than all microsize griseofulvin formulations.**

**Based on list-price comparison.

See Clinical Considerations section on following page...

Earn Your CME Credits for 1978

At California Medical Association's 1978 Annual Session. Included are 34 programs planned to help you keep current in your field. Whether you are a specialist or a generalist, find out what Annual Session offers. Most of the meetings emphasize an interspecialty, cooperative approach to problems encountered in clinical practice. Shop your own Specialty Section's course, then check out the others—many will have something to interest you.

Also at the meeting are exhibits, movies and policy-making sessions of the Association.

All of the scientific programs are approved for Category I credit in the CMA Certification Program . . .

At CMA's Annual Session Atop Nob Hill*

***March 17-22, 1978, San Francisco—**
The complete program will appear in the December issue of The Western Journal of Medicine.

THREE-IN-ONE THERAPY AGAINST TOPICAL INFECTION

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

This potent broad-spectrum antibacterial provides overlapping action to help combat infection caused by common susceptible pathogens (including staph and strep). The petrolatum base is gently occlusive, protective and enhances spreading.

Neomycin

Staphylococcus
Haemophilus
Klebsiella
Aerobacter
Escherichia
Proteus
Corynebacterium
Streptococcus
Pneumococcus

Bacitracin

Staphylococcus
Corynebacterium
Streptococcus
Pneumococcus

Polymyxin B

Pseudomonas
Haemophilus
Klebsiella
Aerobacter
Escherichia

In vitro overlapping antibacterial action of Neosporin® Ointment (polymyxin B-bacitracin-neomycin).

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Neosporin® Ointment

(Polymyxin B-Bacitracin-Neomycin)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs; in tubes of 1 oz and 1/2 oz and 1/32 oz (approx.) foil packets.

WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

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The rate for each insertion is **$2.50 per line** (average six words per line) **with five line minimum.**

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PHYSICIANS WANTED

CALIFORNIA, Santa Clara County: Experienced, career-oriented emergency physicians wanted to join well established group. Fee-for-service compensation. Position available immediately. Please direct inquiries with curriculum vitae to Associated Emergency Physicians, Inc., 1530 The Alameda, No. 28, San Jose, CA 95126 or phone: (408) 956-5900.

THE TRUST TERRITORY of the Pacific Islands has openings for Internists. These are two-year assignments with housing and family travel provided. Please contact TTPI Liaison Office, Bldg. 112, Fort Mason, San Francisco, CA 94123 for applications. Telephone (415) 556-7065.

PHYSICIANS WANTED

FP's for fresh approach to Primary Care. Group practice with independent freedom. All administration eliminated. No financial risks. Hospital-based or associate practices in several pleasant N. California communities. FFS with $40,000 annual guarantee. Minimal night-call. E.R. back-up available. CONTACT: EMS, 2310 Mason St., San Francisco, CA 94133. (415) 956-5900.

THE CALIFORNIA HEALTH SERVICES CORPS has opportunities for primary care physicians in mountain, desert and agricultural areas of California. Malpractice coverage is provided in addition to state equivalent salary and benefits. Contact Rural Health Section, State Department of Health, 714 "P" Street, Room 476, Sacramento, Ca. 95814. (916) 322-4704.

STAFF PSYCHIATRISTS—The Fresno County Department of Health has two positions available in an innovative community-based total health care program. One position involves a team approach to rural and urban communities. Second involves services to a variety of clinical sites for providing acute mental health services. Located in the Central Valley close to San Francisco, Los Angeles, ocean, and the mountains. Salary range $39,684 and up, depending on experience, plus fringe benefits. California license and Board eligibility required by the end of the first year. Contact: James T. Stripe, MD, or Thomas E. Addison, LCSW, Fresno County Department of Health, P.O. Box 11867, Fresno, CA 93775 (209) 488-3731 or (209) 488-3927.

CALIFORNIA, SAN JOSE: Experienced, career-oriented Emergency Physicians wanted to join well-established group practicing at a university affiliated hospital and a large community hospital. Beautiful San Francisco Bay area location. Fee-for-service compensation. ACEP preferred. Contact: James B. Lane, MD at (408) 293-8881 or write: 1530 The Alameda, No. 28, San Jose, CA 95126.

(Continued on Page 34)

Physicians Needed in Saudi Arabia

With the award of a newly extended contract for our Saudi Arabian Health Care Project, Whittaker is offering unique opportunities to Board Certified Physicians with the following specialties:

- **CARDIOLOGY**
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- **INTERNAL MEDICINE**
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These are 2-year assignments offering challenge and reward along with a salary and benefits package to include furnished housing and liberal vacation entitlement.

For confidential consideration, please send Curriculum Vitae to:

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Equal Opportunity Employer M/F

PHYSICIANS

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If you're not where you want to be, then let us help you pick a practice.

Hospital Corporation of America has undertaken a free, no obligation community service project to help match fine talents and beautiful places. We have opportunities from Miami to San Francisco with many stops in between. Each community is equipped with modern JCAH accredited hospitals, and a recognized need for additional physicians.

If you're tired of where you are, let us help place you where you want to be. Please write us and include your curriculum vitae, starting availability date, geographical preference, type of practice, and size of community desired.

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One Park Plaza
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UCLA SCHOOL OF MEDICINE

Department of Anesthesia seeks a Chairman of the Department of Anesthesiology at San Bernardino County Medical Center, its affiliate in San Bernardino, California. Board certification and California license essential. Salary open. Full medical liability coverage. Interested candidates should direct inquiries or submit credentials (including CV) to: **J. PHILIP LOGE, MD; Medical Center Director, SAN BERNARDINO COUNTY MEDICAL CENTER, 780 E. Gilbert, San Bernardino, CA 92404.**

Both the UNIVERSITY OF CALIFORNIA and SAN BERNARDINO COUNTY MEDICAL CENTER are Equal Opportunity, Affirmative Action Employers.

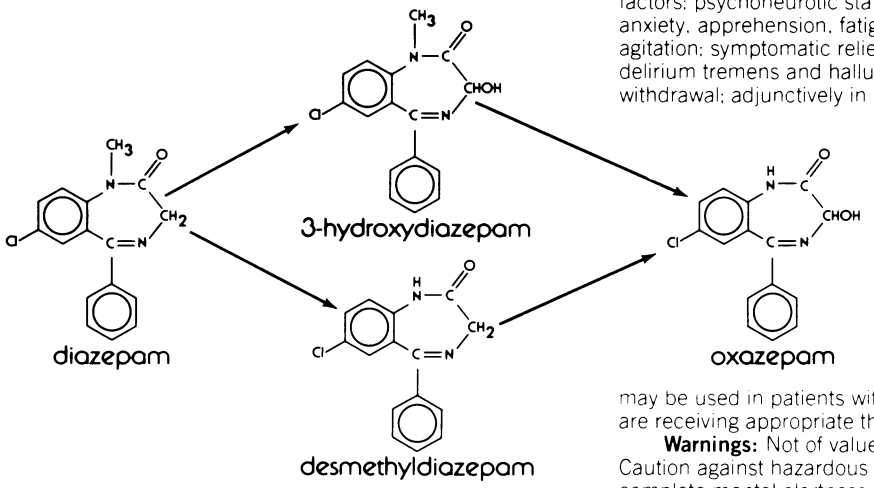
QUALICARE

a National Hospital Management Company has a number of communities in need of physicians. We have several types of practice opportunities available in California, Virginia, Alabama, Illinois and Mississippi. One such opportunity exists for an internist in Southern California. Located 75 Miles south of Los Angeles, this vital community offers proximity to both the coast and mountains/ski area, with excellent schools, churches, recreational and cultural activities. Guaranteed first year income, office space and household move is paid. If you would like a really rewarding practice in an area where you are needed and appreciated please send curriculum vitae to: **JOE ANN LINDSEY, QUALICARE, INC., P.O. Box 24189, New Orleans, LA 70184 or call collect at (504) 837-6456.**

ANESTHESIA SERVICE GROUP

Complete coverage for hospital, clinic or office on "AS NEEDED" basis in Bay Area, So. Calif. and San Diego. Call or write to: P.O. Box 6275, Oakland CA 94603 (415) 763-0336; P.O. Box 1102, S. Monica, CA 90406 (213) 393-4267; P.O. Box 2828, S. Diego, CA 92112 (714) 231-0123.

A pharmacokinetic character all its own



Valium (diazepam) is a benzodiazepine with a distinctive pharmacokinetic profile

The pharmacokinetic profile of Valium is one of the characteristics that sets it apart from other benzodiazepines. Consider, in particular, the metabolic pathway of Valium. The three major metabolites of Valium exhibit significant pharmacologic activity—and so, of course, does the parent substance—diazepam itself. All combine to produce the characteristic clinical response seen with Valium. The response you have come to know, to want and to trust.

Pharmacokinetic studies also demonstrate that Valium has a pattern of absorption, distribution, metabolism and elimination that is reliable and consistent. And, although the pharmacokinetics of a drug cannot, at present, be specifically related to its clinical effects, it is clearly a factor that distinguishes one product from another by providing important insights into how each moves through the patient's body.

Valium® (diazepam) IV

2-mg, 5-mg, 10-mg scored tablets

a prudent choice in psychic tension and anxiety

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

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PHYSICIANS WANTED

OBSTETRICS/GYNECOLOGY: Board Certified or eligible. Join an 18 MD multispecialty group located on the San Francisco peninsula. Hospital across the street and near two university hospital centers. Quality housing, schools and recreation; competitive starting salary with early progression to full partnership. Send curriculum vitae to or telephone Ronald L. Schwartz, Administrator, San Mateo Medical Clinic, 23 Baldwin Avenue, San Mateo, CA 94401. Phone (415) 342-7771.

CHIEF PSYCHIATRIST to join a County Mental Health Services Program located in the Central Valley and 120 miles from the San Francisco Bay area. Salary $47,930 plus liberal fringe benefits—one year of experience as a Psychiatrist and Board Certified. Contact: Dr. Dale Wolff, Director of Mental Health Services, 480 East 13th Street, Merced, CA 95340. Phone: (209) 723-8861.

CHAIRPERSON, DEPARTMENT OF SURGERY—The University of California, Davis, is seeking the most highly qualified individual to become Chairperson of its Department of Surgery on January 1, 1978. Candidates must be at the associate or full professor level and have substantial background in academic surgery, with interest and experience in patient care, teaching, research, and administration. UCD is an Equal Opportunity-Affirmative Action Employer. Interested persons should submit letters summarizing their qualifications and Curriculum Vitae at the earliest possible time to Paul R. Lipscomb, MD, Chairperson, Search Committee, UCD Professional Building, 4301 X Street, Sacramento, CA 95817.

SANTA BARBARA. Want third man in Family Practice Department large multispecialty Clinic. All professional expenses paid; meetings, travel allowance, etc. Prefer Board Certified. Write E. T. Everett, MD, P.O. Box 1200, Santa Barbara, CA 93102.

BUSY CENTRAL CALIFORNIA COAST OPHTHALMOLOGIST wants associate immediately. Send résumé. Write P.O. Box 309, Monterey, CA 93940.

ASSISTANT RESEARCH GASTROENTEROLOGIST—An opening is available for an Assistant Research Gastroenterologist with prior experience in the development of tumor associated antigen assays in biological specimens and also experienced in the development of studies on the role of nutrition in cancer and in the basic biochemistry of tumor antigens. This person must have a PhD degree in biochemistry and in nutrition and be thoroughly trained in standard physical-chemical methods including mass spectrometry, nuclear magnetic resonance and must be capable of developing new radioimmunoassays for viral and tumor antigens. In addition this person should be well trained in veterinary surgical procedures. Write Box 5954, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

RADIOLOGIST—California. Two openings, one in Nuclear Medicine, certified; one with primary interest in special procedures. UCSF-affiliated, 265-bed teaching hospital; department of 51; five radiologists associated in academically oriented clinical practice. Send CV to Justin L. Williams, MD, Chief of Radiology, Valley Medical Center, 445 S. Cedar Ave., Fresno, CA 93702, or phone (209) 453-5165.

GENERAL SURGEON—Board certified or eligible to join two other general surgeons in a 15-man multi-specialty group, Southern Idaho. A community of 25,000 people, large referral area, close to all varieties of outdoor recreation. Reply to Box 5952, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

WANTED—ALLERGIST—Outstanding opportunity with a group of internists—subspecialists for allergist with strong internal medicine qualifications. In semi-rural community, within sixty minutes of San Francisco. Send Curriculum Vitae, Box 5955, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

PRACTICE FOR SALE

SAN FRANCISCO—Immediately available established solo 25-year-old practice in Internal Medicine-Cardiology in San Francisco. Near University of California Medical Center. Contact: Box 5956, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

SITUATIONS WANTED

PATHOLOGIST—Experienced AP-CP seeking a six months on/six months off position, ideally in alternation with solo incumbent tired of the grind. Prefer small city West or Southwest. Write Box No. 5947, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

ENDOCRINOLOGIST-INTERNIST—Certified both specialties seeks relocation with group or another endocrinologist in Southern California. Training and practice with university with wide endocrine exposure. Reply Box 5953, Western Journal of Medicine, 731 Market Street, San Francisco, CA 94103.

ANESTHETIST AVAILABLE San Francisco Area on free lance basis. Anesthesia Services (415) 391-3339.

PHYSICIAN DESIRES POSITION IN OCCUPATION and/or MEDICAL OUTPATIENT CLINIC. 10 yrs. experience, 4 yrs. postgraduate training. Only in closer San Francisco-Bay Area. Write Box No. 9514, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

33-YEAR-OLD BOARD CERTIFIED PULMONARY PHYSICIAN with expertise in fiberoptic bronchoscopy desires partnership or hospital associated practice in California. Available September 1978. Contact John Donaldson, 13107 Beaver Terrace, Rockville, MD 20853.

(Continued on Page 36)

Los Angeles Radiological Society

announces

30th Annual Midwinter Radiological Conference for 1978

January 27-29, 1978 • Century Plaza Hotel • Los Angeles

An outstanding faculty has been invited to speak on Diagnostic and Therapeutic Radiology, Nuclear Medicine, Ultrasound and Computerized Axial Tomography. Small workshops in all disciplines are planned for the first day. The next two days will consist of formal lectures and roundtable discussions. The radiological technical exhibit (the second largest in the country) will be open all three days.

Speakers

Diagnostic Radiology

Gerald D. Dodd, MD, University of Texas
John L. Doppman, MD, The Clinical Center, National Institutes of Health
John R. Thornbury, MD, University of Michigan Medical Center
Bertram R. Girdany, MD, University of Pittsburgh
Eugene C. Klatte, MD, Indiana University School of Medicine
Alex Norman, MD, New York Hospital for Joint Disease and Medical Center

Ultrasound & Computerized Body Scanning

Frederick W. Sample, MD, UCLA Center for the Health Sciences

Nuclear Medicine

James H. Christie, MD, University of Iowa Hospitals and Clinics

Radiation Therapy–Oncology

William L. Caldwell, MD, Wisconsin Clinical Cancer Center
Willett F. Whitmore, Jr., MD, Memorial Sloan-Kettering Cancer Center
Stanley Order, MD, Johns Hopkins Hospital
Joseph R. Betino, MD, Stanford University Medical Center
Gianni Bonadonna, MD, Istituto Nazionale Tumori
Luther W. Brady, MD, Hahnemann Medical College

Registration ..... Fee of $100 includes two luncheons. $50 for residents (supporting letter from their staff is included). Workshops: $25 each.

Advance Registration... Nathan Green, MD, 15107 Vanowen Street, Van Nuys, CA 91405.

Hotel Accommodations Convention Manager, Century Plaza Hotel, Los Angeles, CA 90067.

Message Center..... Furnished by Pacific Telephone Co. Out-of-town calls will be received at (213) 277-1890 from 9 a.m. to 5 p.m.

HAWAII POST CONVENTION SEMINAR

January 29 through February 5, 1978, $695 per person includes air fare from Los Angeles, all inter-island transportation and accommodations. Registration fee is $100. The faculty will cover topics shown above, and the week long seminar will be on the islands of Oahu (Honolulu Ilikai) and Maui (Maui Intercontinental).

Faculty: Doctors Dodd, Sample, Thornbury, Girdany and Norman.

FOR MODERATE TO MODERATELY SEVERE PAIN

Acetaminophen with the narcotic difference

Reliable oral narcotic analgesia...

The narcotic component in PERCOCET®-5 is oxycodone, which is readily absorbed and provides dependable oral analgesia—usually within 15 to 30 minutes. Oxycodone can produce drug dependence of the morphine type and should be prescribed with the same degree of caution appropriate to the use of other narcotic-containing medications.

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Acetaminophen is a non-narcotic analgesic widely used for aspirin-sensitive patients. Equivalent to aspirin in analgesia, it complements the pain relief provided by oxycodone.

The usual dose of PERCOCET®-5 is one tablet every six hours, providing convenience and economy for your patients. PERCOCET®-5 is ideally suited for your patients with aspirin sensitivity, with hemostatic disturbance, with peptic ulcer or on anticoagulation therapy.

Tablets

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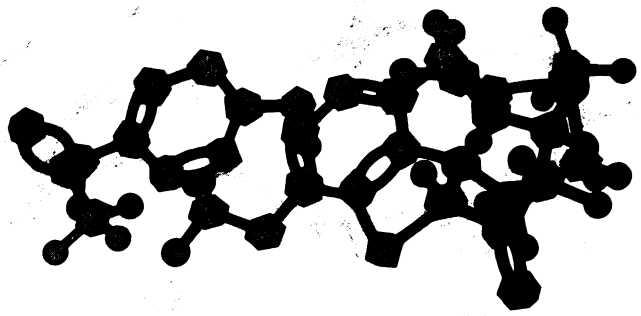
each scored tablet contains 5 mg oxycodone HCl (WARNING: may be habit forming) and 325 mg acetaminophen

C II

When aspirin is contraindicated.



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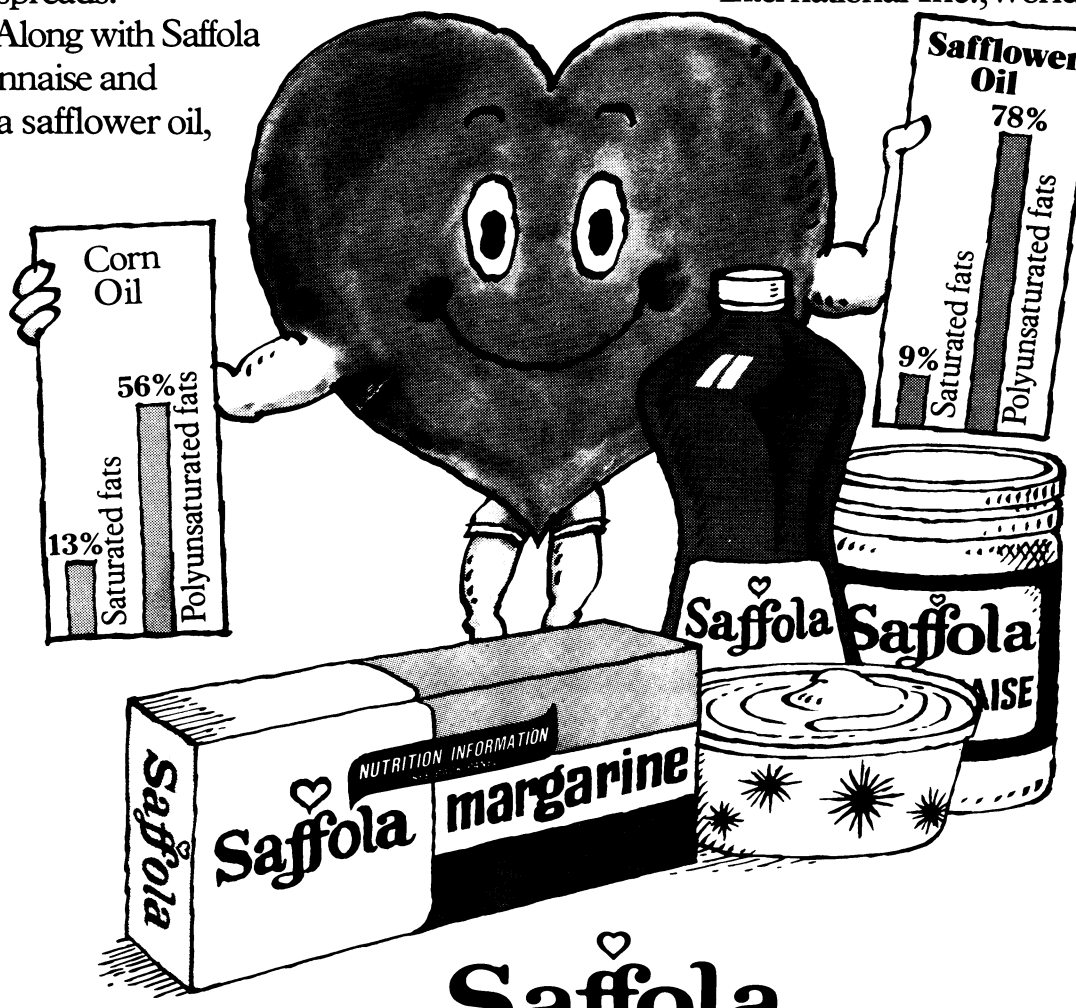

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■ **Most Widely Prescribed**—Antivert is the most widely prescribed agent for the management of vertigo* associated with diseases affecting the vestibular system such as Menière's disease, labyrinthitis, and vestibular neuronitis.

■ **Relief of Nausea and Vomiting**—Antivert/25 can relieve the nausea and vomiting often associated with vertigo.*

■ **Dosage for Vertigo*** —The usual adult dosage for Antivert/25 is one tablet t.i.d.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

* INDICATIONS. Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: Management of nausea and vomiting and dizziness associated with motion sickness.

Possibly Effective: Management of vertigo associated with diseases affecting the vestibular system.

Final classification of the less than effective indications requires further investigation.

CONTRAINDICATIONS. Administration of Antivert (meclizine HCl) during pregnancy or to women who may become pregnant is contraindicated in view of the teratogenic effect of the drug in rats.

The administration of meclizine to pregnant rats during the 12-15 day of gestation has produced cleft palate in the offspring. Limited studies using doses of over 100 mg./kg./day in rabbits and 10 mg./kg./day in pigs and monkeys did not show cleft palate. Congeners of meclizine have caused cleft palate in species other than the rat.

Meclizine HCl is contraindicated in individuals who have shown a previous hypersensitivity to it.

WARNINGS. Since drowsiness may, on occasion, occur with use of this drug, patients should be warned of this possibility and cautioned against driving a car or operating dangerous machinery.

Usage in Children: Clinical studies establishing safety and effectiveness in children have not been done; therefore, usage is not recommended in the pediatric age group.

Usage in Pregnancy: See "Contraindications."

ADVERSE REACTIONS. Drowsiness, dry mouth and, on rare occasions, blurred vision have been reported.

More detailed professional information available on request.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Antivert®/25
(meclizine HCl) 25 mg. Tablets
for vertigo*